

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OKLAHOMA

~ ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Additional Remedies: Describe the criteria (as required at §1919(h)(2)(A)) for applying the additional remedy. Include the enforcement category in which the remedy will be imposed (i.e., category 1, category 2, or category 3 as described at 42 CFR 488.408).

NOT APPLICABLE

STATE <u>Oklaoma</u>	A
DATE REC'D <u>SEP 26 1995</u>	
DATE APP'D <u>JUN 20 1996</u>	
DATE EFF <u>JUL 01 1995</u>	
HCFA 179 <u>95-17</u>	

TN No 95-17 New 07-01-95
Superseded 95-17 Approval Date: 6/20/96 Effective Date: 7/1/95
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